FORM B FOR New Members, Candidates, and New Employees Check if all the control of the control of the current calendar year up through the caporitable period? Check if Amendment Check if Amendment	exemption? Do I	TRUSTS - Detail	EXCLUSION		D. Did you, your : liability (more tha	C. Did you or you honorana, or pen reporting period?	A. Did you, your s a. Own any rep end of the re b. Receive mon asset during	PRELIMINAI	SI A	FILER	Name:	UNITED ST
Check if Amendment Amendment I 2017 M4 rch 3/, 2018 Wareh any reportable positions during in the current calendar year up through the date of filling? YOU ARE REQUIRED TO SWER BOTH OF THESI SWER BOTH OF THESI pted trusts" need not be disclosed. I pted trusts" need not be disclosed. I	lave you excluded from this report any other assets, "unearned" not enswer "yes" unless you have first consulted with the Comm	is regarding "Qualified Blind Trusts" approved by the Committee letails of such a trust that benefits you, your spouse, or depende	OF SPOUSE, DEPENDENT, OR TRUST	ATTACH THE CORR	D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	r spouse have "earned" income (e.g., salaries, sion/IRA distributions) of \$200 or more during the	A. Did you, your spouse, or your dependent child: a. Own any reporteble asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in uneerned income from any reportable asset during the reporting period?	RY INFORMATION – ANSWER <u>EACH</u> OF		District: MAY 15	1 Kin	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
Check if Amendment Check if Amendment Check if Amendment Amendment In the current calendar year up through the date of filling? YOU ARE REQUIRED TO SWER BOTH OF THESI SWER BOTH OF THESI pted trusts" need not be disclosed. I	income, or tiabilities of a spottee on Ethics.	on Ethics and certain other of the other of the other of the other of the other othe	INFORMATION - /	ESPONDING SCHEI				THESE QUESTIO	r Type (If Applicable): Principal Assistant	2018	Daytime Telephon	For New Members, Ca
LEGISLATIV 18 APR 18 APR U.S. HUUSE 0 (() A \$200 penalty Individual who or penalty Individual who or perangement with the date of filing an \$5,000 from a perangement calen The current calen COMPLETE O COMPLETE BY O COMPLETE Have you exclude Have you exclude		'excepted trusts" need not be disclosed.	ANSWER BOTH OF THES	DULE IF YOU ANSWER "YE AT YOU ARE REQUIRED TO	id you receive compensation of more the source in the current year and two pri	id you have any reportable agreement o ide entity during the reporting period or i up through the date of filing?	old you hold any reportable positions during or in the current calendar year up thro	NS	. 1 . 5 .	Check if Amendment		FORM B andidates, and New Employees
E RESOURCE (18 AM 11 18 AM 1			E QUESTIONS	S" O COMPLETE		1			A \$200 penalty shall be aeseesed against any Individual who filee more than 30 days late.	U.S. HOUSE OF REPRESENTATIVE. (Office Use Only)	18 APR 18 AM11: 05	APR _ 9 2018 LEGISLATIVE RESOURCE CENTE

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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For bank and other cash eccounts, total the amount in ell interest-beering accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing eccounts. If you heve e privately-traded fund thet is en Excepted Investment Fund, pleese check the "EIF" box. the eccount thet exceeds the reporting thresholds. For all IRAs and other retirement plans (such as 40 f(k) plans) provide the velue for each asset held in production of income and with e tair merket velue exceeding \$1,000 et the end of the reporting period, end (b) eny other reportable esset or source of income -or rental end other real property held for investment provide a complete address or description, e.g. (do not use only ticker symbols) or e detailed discussion of Schedule A requirements hat is not publicly traded, state the neme susiness, the neture of its ectivities, en rental property," end e city end state. ncome source is that of your spouse (SP) sependent child (DC), or jointly held with anyone in the optionel column on the far left. eogrephic location in Block A. or en ownership interest in e privetely-held busine rovide complete names of stocks and mutual funds you so choose, you mey indicate thet en asset come source is that of your spouse (SP) stirement program, including the Thrift Savings Plen omes end vacation homes (unless there wes renta come during the reporting period); and any financia iterest in, or income derived from e federe clude: Your personal residence, including seconese refer to the instruction booklet Assets and/or income Sources Amkor Wells Fargo. Wells Fargo Sav Examples: Sank America Corp (e) each esset held for investment more than \$200 in "uneerned ABC Hedge Fund Simon & Schuster Mega Corp Stock Tech BLOCK A Inc state the neme of its ectivities, end ひょび ne Ŧ × ٩. *Column M is for essets held by your spouse or dependen child in which you have no interest. If en esset was sold during the reporting period end is included only because it generated income, the value should be "None." Indicate value of esset et close of the reporting period. If you use e veluetion method other then feir merket velue, please None × specify the method used. × \$1-\$1,000 **5** × Indefinite \$1,001-\$15,000 o \times X \$15,001-\$50-000 Þ × \$50,001-\$100,000 ш Value of Asaet \$100,001-\$250,000 m BLOCK B × \$250,001-\$500,000 G I \$500,001-\$1,000,000 _ \$1,000,001-\$5,000,000 _ \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 ᄌ _ Over \$50,000,000 Spouse/DC Asset over \$1,000,000° z ou Check ell columns that apply. For accounts pusse that generale tax-deferred income (such as a 401fk), IRA, or 529 accounts), you may check is the "Tax-Deferred" column. Dividenda, Claim interest, and capital gains, even if und interest, and capital gains, even if for assets held in taxable accounts. Check thing in the easet generated no income on the count of the counts. NONE furing the reporting period. × × DIVIDENDS RENT Type of Income **INTEREST** BLOCK C \times CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnership Royalties Other Type of Income (Specify: e.g., Partnership Income or Ferm Income) For assels for which you checked "Tex-Deferred" in Block C, you mey check the "None" column. For all other assels indicate the category of income by checking the appropriate box below. Dividence, interest, end capital galata, even if reinvested, must be disclosed as income for essets held in taxable eccounts. Check "None" if no income was earned or generated. None *Column XII is for essets held by your spouse or dependent child in which you have no interest \$1-\$200 × \$201-\$1,000 Ħ 7 × \$1,001-\$2,500 **Current Year** < × \$2,501-\$5,000 ≤ × \$5,001-\$15,000 × ≦ \$15,001-\$50,000 ¥ \$50,001-\$100,000 $\overline{\times}$ \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Amount of Income Over \$5,000,000 ≚ BLOCK D ≚ Spouse/DC income over \$1,000,000* _ × X \$1-\$200 × × = \$201-\$1,000 ₹ \$1,001-\$2,500 < \$2,501-\$5,000 ≤ \$5,001 \$15,000 ≦ × \$15,001-\$50,000 | Year ≦ \$50,001-\$100,000 $\overline{\mathbf{x}}$ \$100,001-\$1,000,000 \$1,000,001 \$5,000,000 × Over \$5,000,000 ≚ Spouse/DC Income over \$1,000,000*

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Use additional sheets if more space is required.

	SCHEDULE A - ASSETS & "UNEARNED INCOME"
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Vanguard Prime MM	Varguard Into tech	Venguard Industrials	Kinguard Hich Care	Vansyard Financials	Vanguard Bal IDX lav.	Vanguard Fed MM	Proctor & Gamble Co.	MICTOSOFE COIP	TPMorgan Chase Co.	Johnson & Johnson	P	0	Cititiroup Inc.	Bristal Myers Squibb	SP. ASSET NAME EIF JT				Assets and/or Income Sources	STOOK Y
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None	- ASSETS	& "UNEARI		Pearl Kim
Application	BLOCK A	вгоскв	BLOCK C	вгоск в
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				Current Year
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SCHEDULE C - EARNED INCOME

Name: Pearl Kin Page 4 으 9

List the source, type, and amount of eamed income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside eamed income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. County of Dolaware Commonwealth of Hennsylvania Examples: Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtabla (Oct. 2)
Ontario County Board of Education Salary Honorarium Salary Spouse Speech Spouse Salary Type **Current Year to Filing** *-0 **Amount** CA+ 6 x × 71,045 Preceding Year \$500 \$76,000 \$1,000

SCHEDULE F - AGREEMENTS

Name:
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Page 6 of 6

employer. Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

	Date	Parties to Agreement	Terms of Agreement
8/44 Myself and County of Delaware County Pension	8/44		County Pension
8/44 Myself and Commist Fennsylvania State Pension	14/8	Myself and Commint fennsylvania	State Pension

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the nemes of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government an	lu any information considered confidential as a result of	government and any information considered confidential as a result of a privileged relationship recognized by tax. Во пот гереал эпотпации взем он эспечине с.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services